

# TRANSMITTAL FORM

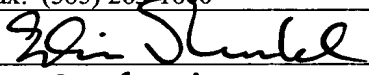
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/596,784	
	Filing Date	June 19, 2000	
	First Named Inventor	Adam Bogdanove	
	Group Art Unit	1653	
	Examiner Name	Anand W. Desai	
Total Number of Pages in This Submission	8	Attorney Docket Number	19603/3296 (CRF D-2098B)

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> PTOL-85 Part B Issue Fee Transmittal <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Replacement Sheets of Formal Drawings (5 sheets) w/submission document <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT


Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	September 30, 2004

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_

September 30, 2004  
Date

  
Signature  
Janice Bowers  
Typed or printed name



PATENT  
Docket No.: 19603/3296 (CRF D-2098C)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Bogdanove et al.	)	Examiner:
			)	A. Desai
Serial No.	:	09/596,784	)	
			)	Art Unit:
Cnfrm. No.	:	3745	)	1653
			)	
Filed	:	June 19, 2000	)	
			)	
For	:	HYPERSENSITIVE RESPONSE ELICITOR	)	
		FROM <i>ERWINIA AMYLOVORA</i> , ITS USE,	)	
		AND ENCODING GENE	)	

SUBMISSION OF CORRECTED FORMAL DRAWINGS


Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the subject application are five (5) replacement sheets of formal drawings.

Respectfully submitted,

Date: September 30, 2004

  
Edwin V. Merkel  
Registration No. 40,087


NIXON PEABODY LLP  
Clinton Square, P.O. Box 31051  
Rochester, New York 14603-1051  
Telephone: (585) 263-1128  
Facsimile: (585) 263-1600

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)

September 30, 2004  
Date

  
Signature  
Janice Bowers  
Typed or printed name